

# DeltaPreferred Option USA

# *Certificate*

Welcome!

Delta Dental Plan of Indiana is a nonprofit limited service health maintenance organization and the state's dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer and Claims Services department at (800) 524-0149 or access our Web site at [www.deltadental.com](http://www.deltadental.com).

We look forward to serving you!

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# State of Indiana and Local Units of Government Plan II



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Note: This Dental Care Certificate should be read in conjunction with the Summary of Dental Plan Benefits that is included in this Certificate. The Summary of Dental Plan Benefits lists the specific provisions of your group dental Plan.



**DeltaPreferred Option USA**  
**Summary of Dental Plan Benefits for Plan II**  
**STATE OF INDIANA – Group # 9841**  
**LOCAL UNITS OF GOVERNMENT – Group # 9843**

This Summary of Dental Plan Benefits and Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. If you seek treatment from a Dentist who does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

**Control Plan -** Delta Dental Plan of Indiana

**Benefit Year -** January 1 through December 31

Covered Services -	DPO Member Dentist		DeltaPremier or Nonparticipating Dentist*	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I Benefits</b>				
<b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams and cleanings)	100%	0%	0%	100%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain	100%	0%	100%	0%
<b>Radiographs</b> - X-rays	100%	0%	0%	100%
<b>Class II Benefits</b>				
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	80%	20%	0%	100%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth (includes periodontal prophylaxes)	80%	20%	0%	100%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	80%	20%	0%	100%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)	80%	20%	0%	100%
<b>Sealants</b> Used to prevent decay of pits and fissures of permanent back teeth	80%	20%	0%	100%
<b>Single Crowns</b> - Used when teeth can't be restored with another filling material	80%	20%	0%	100%
<b>Simple Extractions</b> - Non-surgical extractions, including preoperative and postoperative care	100%	0%	0%	100%
<b>All Other Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care	80%	20%	0%	100%
<b>Class III Benefits</b>				
<b>Onlays and Other Major Restorative Services</b> - Used when teeth can't be restored with another filling material	50%	50%	0%	100%
<b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%	0%	100%
<b>Class IV Benefits</b>				
<b>Orthodontic Services (no age limit)</b> - Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%	0%	100%

**\*The following procedure codes ONLY will be covered at the appropriate benefit level when rendered by a DeltaPremier or Nonparticipating dentist.**

100% of the DPO fee schedule amount (subject to the annual maximum) will be paid for:

#### DIAGNOSTIC

0140 limited oral evaluation – problem focused

#### RADIOGRAPHS

0220 intraoral – periapical first film

0230 intraoral – periapical each additional film

#### ADJUNCTIVE GENERAL SERVICES

9110 palliative (emergency) treatment of dental pain

80% of the DPO fee schedule amount (subject to the annual maximum) will be paid for:

#### ENDODONTICS

3330 root canal therapy – molar (excluding final restoration)

3346 retreatment of previous root canal therapy – anterior

3347 retreatment of previous root canal therapy – bicuspid

3348 retreatment of previous root canal therapy – molar

3351 apexification/recalcification – initial visit

3352 apexification/recalcification – interim medication replacement

3353 apexification/recalcification – final visit

3410 apicoectomy/periradicular surgery – anterior

3421 apicoectomy/periradicular surgery – bicuspid (first root)

3425 apicoectomy/periradicular surgery – molar (first root)

3426 apicoectomy/periradicular surgery (each additional root)

3430 retrograde filling – per root

3450 root amputation – per root

#### PERIODONTICS

4210 gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant

4211 gingivectomy or gingivoplasty – one to three teeth, per quadrant

4240 gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant

4241 gingival flap procedure, including root planning – one to three teeth, per quadrant

4260 osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant

4261 osseous surgery (including flap entry and closure) – one to three teeth, per quadrant

4263 bone replacement graft – first site in quadrant

4264 bone replacement graft – each additional site in quadrant

4270 pedicle soft tissue graft procedure

4271 free soft tissue graft procedure (including donor site surgery).

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English-speaking dentists called Europ Assistance. English-speaking customer service is available 24 hours a day, seven days a week, to help you find a Europ Assistance dentist. Contact your Benefits representative to obtain the Europ Assistance brochure before you travel. Europ Assistance is offered through our exclusive agreement with Delta Dental Plan of Minnesota, and this coverage will not be available to you if this agreement terminates.

**Maximum Payment** - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$750 per eligible person.

**Deductible** - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.

**Waiting Period** - Employees who are eligible for dental benefits can be covered on the fourth day following the first payroll deductions or those on the monthly billing will be eligible the first of the month following the first contribution.

**Eligible People** - All eligible individuals who meet the guidelines as indicated by the State of Indiana who choose the Traditional II Dental Option, all full-time, part-time, active and retired employees, elected or appointed officers and officials of the State of Indiana, Local Units of Government who choose the Traditional II Dental Option, and all individuals who are eligible for and elect continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

If you and your spouse are both eligible under this contract, you may be enrolled as both a subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

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# **I. Delta Preferred Option USA Dental Care Certificate**

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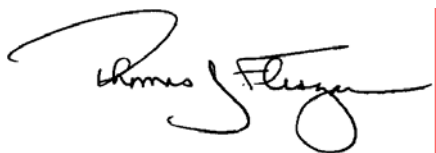
Delta Dental Plan of Indiana issues this Certificate to you, the Subscriber. The Certificate is an easy-to-read summary of your dental benefits Plan. It reflects and is subject to the agreement between Delta Dental and your employer or organization.

The benefits provided under the Plan may change if any state or federal laws change.

Delta Dental agrees to provide dental benefits as described in this Certificate.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.



Thomas J. Fleszar, DDS, MS  
President and CEO  
Delta Dental Plan of Indiana

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## **II. Definitions**

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### **Certificate**

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This document. Delta Dental will provide dental benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the Plan.

### **Children**

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Your natural Children, stepchildren, adopted Children, Children by virtue of legal guardianship, or Children who are residing with you during the waiting period for adoption or legal guardianship.

### **Completion Dates**

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Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ♦ For dentures and partial dentures, on the delivery dates;
- ♦ For crowns and bridgework, on the cementation dates;
- ♦ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

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## **Concurrent Care Claims**

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Claims for benefits where an ongoing course of treatment has been agreed to by Delta Dental and/or the administrator of your Plan and the coverage for that treatment is reduced or terminated before the treatment has been completed. A Concurrent Care Claim may also arise if you ask the Plan to extend coverage beyond the time period or number of treatments previously agreed to.

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## **Control Plan (Delta Dental)**

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Delta Dental acts as the Control Plan for your contract. The Control Plan will provide all claims processing, service, and administration for your multi-state group. The Control Plan will be referred to as Delta Dental in this document.

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## **Copayment**

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As provided by your Plan, the percentage of the charge, if any, that you will have to pay for Covered Services.

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## **Covered Services**

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The unique benefits selected in your Plan. The Summary of Dental Plan Benefits provided with this Certificate lists the Covered Services provided by your Plan.

## Deductible

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The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for services. The Summary of Dental Plan Benefits lists the Deductible that applies to you.

## Delta Dental Plan

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An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans.

## DeltaPreferred Option USA (DPO)

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A national preferred provider organization that can reduce your out-of-pocket expenses when you receive care from one of Delta Dental's DPO Dentists.

## DeltaUSA

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A national program with a nationwide network of Participating Dentists for groups with enrollees in two or more states.

## Dentist

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A person licensed to practice dentistry in the state or country in which dental services are rendered.

- ♦ **DeltaPreferred Option Dentist (DPO Dentist) or Participating Dentist** – a Dentist who has signed an agreement with the Delta Dental Plan in his or her state to participate in DeltaPreferred Option. DPO Dentists agree to accept Delta Dental's payment and your Copayment, if any, as payment in full for Covered Services.
- ♦ **Nonparticipating Dentist (Non-DPO Dentist)** – a Dentist who has not signed an agreement with Delta Dental to participate in DeltaPreferred Option. Dentists who participate in Delta Dental's DeltaPremier program are Nonparticipating Dentists.
- ♦ **Out-of-Country Dentist** – A Dentist whose office is located outside the United States and its territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental.

## DPO Dentist Fee Schedule

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The maximum amount allowed per procedure for services rendered by a DPO Dentist, and for those

designated Covered Services rendered by a Non-DPO Dentist, as determined by that Dentist's local Delta Dental Plan.

## Eligible Dependent

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Eligible Dependents are:

- ♦ Your legal spouse;
- ♦ Your unmarried Children who have not yet reached the end of the calendar year of their 19th birthday;
- ♦ Your unmarried Children who are over age 19 to the end of the calendar year in which they turn 23 if they are full-time students and eligible to be claimed by you as dependents under the U. S. Internal Revenue Code during the current calendar year;
- ♦ Any unmarried Children for whom you or your legal spouse are financially responsible for medical, health, or dental care under the terms of a court decree or who have been named as alternate recipients under a qualified medical child support order; and
- ♦ Your Children who are over age 19, but who were (and continue to be) totally and permanently disabled before age 19 by a physical or mental condition. Those Children must also be eligible to be claimed by you or your legal spouse as dependents under the U. S. Internal Revenue Code during the current calendar year.

## Maximum Payment

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The maximum dollar amount Delta Dental will pay in any contract year or lifetime for covered dental services. (See the Summary of Dental Plan Benefits.)

## Plan

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The arrangement for the provision of dental benefits to eligible people established by the contract between Delta Dental and your employer or organization.

## Post-Service Claims

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Claims for benefits that are not conditioned on your seeking advance approval, certification, or authorization to receive the full amount of any covered benefit. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for the benefit payment.

## Predetermination (Pre-Service Claims)

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An estimate of the costs of Covered Services to be provided. A dentist may submit his or her treatment plan to Delta Dental before providing services. Delta Dental reviews the treatment plan and advises you and your Dentist of what services are covered by your Plan and what Delta Dental's payments may be. Delta Dental's payment for predetermined services depends on continued eligibility and the annual or lifetime Maximum Payments available under your Plan. You are not required to seek a Predetermination. You will receive the same benefits under your Plan whether or not a Predetermination is requested. Predetermination is merely a convenience so that you will know before the dental service is provided how much, if any, of the cost of that service is not covered under your Plan. Since you may be responsible for any cost not covered under your Plan, this is likely to be useful information for you when deciding whether to incur those costs.

## Processing Policies

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Delta Dental's policies and guidelines used for Predetermination and payment of claims. The Processing Policies may be amended from time to time.

## Submitted Amount or Submitted Fee

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The fee a Dentist bills to Delta Dental for a specific treatment.

## Subscriber

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You, when your employer or organization notifies Delta Dental that you are eligible to receive dental benefits under your employer's or organization's Plan.

## Summary of Dental Plan Benefits

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A description of the specific provisions of your group dental Plan. The Summary of Dental Plan Benefits is, and should be read as, a part of this Dental Care Certificate.

## UCR

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A system used by Delta Dental to determine the approved fee for a given procedure.

- ♦ **Usual:** The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service. There may be some exceptions for fees charged under preferred provider plans or charitable programs.
- ♦ **Customary:** The maximum fee that the local Delta Dental Plan will approve for a given procedure in a given region and/or specialty, under usual circumstances.
- ♦ **Reasonable:** A fee that is approved based on unusual circumstances, by report.

A fee meets UCR requirements if it is the lowest of the Submitted Amount; the Usual and Customary fees for the procedure, Dentist, specialty, and region; or if it is Reasonable considering the circumstances.

In all cases, Delta Dental will make the final determination about what is the Usual, Customary, and/or Reasonable fee for the Covered Services.

## Urgent Care Claims

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Those potentially life-threatening claims as defined in the U.S. Department of Labor Regulations at 29 CFR 2560.503-1(M)(1)(I). Any such claims that may arise under this dental coverage are not considered to be Pre-Service Claims and are not subject to any Predetermination requirements.

## III. Selecting a Dentist

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You must seek treatment from a DeltaPreferred Option Dentist. If the Dentist you select is not a DPO Dentist,



you will be covered only for those services listed in the Summary of Dental Plan Benefits. However, you may have to pay more than just the Copayment amount. You will also be responsible for any difference between Delta Dental's allowed fee and the Dentist's Submitted Fee.

A list of DPO Dentists will be provided. Although this list is accurate as of the date printed on it, it changes frequently. To verify that a Dentist is a DPO Dentist, you can use Delta Dental's online Dentist Directory at [www.deltadental.com](http://www.deltadental.com) or call (800) 524-0149.

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## IV. Accessing Your Benefits

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To use your Plan, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with the benefits, payment mechanisms, and provisions of your Plan.
2. Make an appointment with your Dentist and tell him or her that you have DeltaPreferred Option coverage with Delta Dental. If your Dentist is not familiar with your Plan or has questions about the Plan, have him or her contact Delta Dental by (a) writing Delta Dental, Attention: Customer and Claims Services, P.O. Box 30416, Lansing, Michigan, 48909-7916, or (b) calling the toll-free number, (800) 524-0149.
3. After you receive your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:
  - a. The Subscriber's full name and address;
  - b. The Subscriber's Social Security number;
  - c. The name and date of birth of the person receiving dental care;
  - d. The group's name and number.

Claims and completed information requests should be mailed to:

**Delta Dental  
P.O. Box 9085  
Farmington Hills, Michigan 48333-9085**

Delta Dental recommends Predetermination before your Dentist provides any services where the total charges will exceed \$200. Predetermination is not a

prerequisite to payment, but it allows claims to be processed more efficiently and allows you to know what services will be covered before your Dentist provides them. You and your Dentist should review your Predetermination Notice before treatment. Once treatment is complete, the dental office will enter the dates of service on the Predetermination Notice and submit it to Delta Dental for payment.

Because the amount of your benefits is not conditioned on a Predetermination decision by Delta Dental, all claims under this Plan are Post-Service Claims. Once a claim is filed, Delta Dental will decide it within 30 days of receiving it. All claims for benefits must be filed with Delta Dental within 12 months of the date the services were completed. If there is not enough information to decide your claim, Delta Dental will notify you and your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your Dentist that the information must be received within 45 days or your claim will be denied. You will receive a copy of any notice that is sent to your Dentist. Once Delta Dental receives the requested information, it will have 15 days to decide your claim. If you or your Dentist fail to supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental decides your claim, it will notify you within five days.

If you have been approved for a course of treatment and that course of treatment is reduced or terminated before it has been completed, or if you wish to extend the course of treatment beyond what was agreed upon, you may file a Concurrent Care Claim seeking to restore the remainder of the treatment regimen or extend the course of treatment. All Concurrent Care Claims will be decided in sufficient time so that, if your claim is denied (in whole or in part), you can seek a review of that decision before the course of treatment is scheduled to terminate.

You may also appoint an authorized representative to deal with the Plan on your behalf with respect to any benefit claim you file or any review of a denied claim you wish to pursue (see the Claims Appeal Procedure section). You should contact your Human Resources department, call Delta Dental's Customer and Claims Services department, toll-free, at (800) 524-0149, or write them at P.O. Box 30416, Lansing, Michigan, 48909-7916, to request a form to fill out designating the person you wish to appoint as your representative. While in some circumstances your Dentist may be treated as your authorized representative, generally

only the person you have authorized on the last dated form filed with Delta Dental will be recognized. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate with you directly.

If you have any questions about your Plan, please check with your Human Resources department or call Delta Dental's Customer and Claims Services department, toll-free, at (800) 524-0149. You may also write to Delta Dental's Customer and Claims Services department, P.O. Box 30416, Lansing, Michigan, 48909-7916. When writing to Delta Dental, please include your name, the group's name and number, the Subscriber's Social Security number, and your daytime telephone number.

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## **V. How Payment is Made**

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1. If the Dentist is a DPO Dentist, Delta Dental will base payment on the lesser of:
  - a. The Submitted Amount; or
  - b. The DPO Dentist Fee Schedule; or
  - c. The UCR Fee.

Delta Dental will send payment to the DPO Dentist, and the Subscriber will be responsible for any Copayment and/or the amount the Dentist charged for any noncovered services.

2. If the Dentist is not a DPO Dentist and the service is listed as covered in the Summary of Dental Plan Benefits, Delta Dental will base payment on the lesser of:
  - a. The Submitted Amount; or
  - b. The DPO Dentist Fee Schedule; or
  - c. The UCR Fee.

Delta Dental will usually send payment to the Subscriber, who is responsible for making payment to the Dentist.

In some cases, the Dentist may participate with another Delta Dental program, and the payment could be sent to the Dentist.

3. If the Dentist is not a DPO Dentist and the service is not listed in the Summary of Dental Plan Benefits, no payment will be made and you will be responsible for payment in full to the Dentist.
4. For dental services rendered by an Out-of-Country Dentist, Delta Dental will base payment on the lesser of:
  - a. The Submitted Amount; or
  - b. The DPO Dentist Fee Schedule.

Delta Dental will usually send payment to the Subscriber, who is responsible for making payment to the Dentist.

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## **VI. Classes of Benefits**

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### **Important**

Eligible people are entitled to ONLY those benefits listed in the Summary of Dental Plan Benefits. You must go to a DPO Dentist. If you do not go to a DPO Dentist, you will be covered only for those services listed in the Summary of Dental Plan Benefits. The following is a description of the dental benefits selected for your dental program. Please be certain to review the Exclusions and Limitations section regarding the benefit information listed below.

### **Class I Benefits**

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#### **Diagnostic and Preventive Services**

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease. These services include examinations/evaluations and prophylaxes.

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#### **Emergency Palliative Treatment**

Emergency treatment to temporarily relieve pain.

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#### **Radiographs**

X-rays as required for routine care or as necessary for the diagnosis of a specific condition.

### **Class II Benefits**

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#### **Sealants**

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Used to prevent decay of pits and fissures of permanent back teeth.

## Oral Surgery Services

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Extractions and dental surgery, including pre-operative and post-operative care.

## Endodontic Services

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The treatment of teeth with diseased or damaged nerves (for example, root canals).

## Periodontic Services

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The treatment of diseases of the gums and supporting structures of the teeth. This includes periodontal maintenance following active therapy (periodontal prophylaxes).

## Relines and Repairs

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Relines and repairs to bridges, partial dentures, and complete dentures.

## Restorative Services

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Services to rebuild and repair natural tooth structure damaged by disease or injury. Restorative services include:

- ♦ Minor restorative services, such as amalgam (silver) fillings, and composite resin (white) fillings on anterior teeth.
- ♦ Single crowns, a major restorative service used when teeth cannot be restored with another filling material.

## Class III Benefits

### Onlays and Other Major Restorative Services

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Used when teeth cannot be restored with another filling material.

## Prosthodontic Services

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Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures).

## Class IV Benefits

### Orthodontic Services

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Services, treatment, and procedures to correct malposed teeth.

## VII. Exclusions and Limitations

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### Exclusions

**Delta Dental will make no payment for the following services. All charges for the following services will be the responsibility of the Subscriber (though the Subscriber's payment obligation may be satisfied by insurance or some other arrangement for which the Subscriber is eligible):**

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision,

community agency, foundation, or similar entity.  
NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act; that is, Medicaid.

2. Services, as determined by Delta Dental, for correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before a person became eligible under this Plan.
4. Prescription drugs (except intramuscular injectable antibiotics), premedications, medicaments/solutions, and relative analgesia.
5. General anesthesia and/or intravenous sedation for restorative dentistry or for surgical procedures, unless medically necessary.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services, as determined by Delta Dental, for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
9. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
10. Those benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
11. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
12. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
13. Services that are covered under a hospital, surgical/medical, or prescription drug program.
14. Services that are not within the classes of benefits that have been selected and that are not in the contract.
15. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
16. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
17. Topical applications of fluoride.
18. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
19. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
20. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
21. Veneers.
22. Prefabricated crowns used as final restorations on permanent teeth.
23. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion; for implantology techniques; or for periodontal splinting. This exclusion does not apply to orthodontic benefits as limited by the terms and conditions of the Plan.
24. Inlays.
25. Substructures to single/abutment crowns over implants.
26. Paste-type root canal fillings on permanent teeth.
27. Replacement, repair, relines, or adjustments of occlusal guards.
28. Chemical curettage.
29. Services associated with overdentures.
30. Metal bases on removable prostheses.
31. The replacement of teeth beyond the normal complement of teeth.
32. Personalization/characterization of any service or appliance.
33. Temporary appliances.
34. Posterior bridges in conjunction with partial dentures in the same arch.
35. Precision attachments.
36. Implants and implant-related services.

37. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
38. Diagnostic photographs and cephalometric films, unless done for orthodontics.
39. Myofunctional therapy.
40. Mounted case analyses.

**Delta Dental will make no payment for the following services. Participating Dentists cannot charge eligible people for these services. All charges from Nonparticipating Dentists for the following services will be the responsibility of the Subscriber:**

41. The completion of claim forms.
42. Consultations, when performed in conjunction with examinations/evaluations or diagnostic procedures.
43. Local anesthesia.
44. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
45. Infection control (for example, sterilization of office equipment).
46. Temporary crowns.
47. Gingivectomy as an aid to the placement of a restoration.
48. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
49. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
50. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
51. Postoperative radiographs, when done following any completed service or procedure.
52. Periodontal charting.
53. Pins and/or preformed posts, when done with core buildups for crowns, onlays, or inlays.
54. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain before conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
55. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
56. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
57. Retreatment of a root canal by the same Dentist or dental office within 24 months of the original root canal treatment.
58. A prophylaxis or subgingival curettage, when done on the same day as root planing.
59. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
60. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
61. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.

# Limitations

**The benefits for the following services are limited as follows. All time limitations are measured from the last date of service in any Delta Dental Plan record or, at the request of your group, any dental plan record:**

1. Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period. A panoramic X-ray (including bitewings) is considered a full mouth X-ray.
2. Prophylaxes, including periodontal prophylaxes, and oral examinations/evaluations are payable twice per calendar year. Two additional periodontal prophylaxes are payable following periodontal surgery.
3. Space maintainers are payable for people up to age 14.
4. Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are payable once per tooth per lifetime.
5. Cast restorations (including jackets, crowns, and onlays) and associated procedures (such as core buildups and post substructures) on the same tooth are payable once in any seven-year period.
6. Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fracture.
7. Individual crowns over implants are payable at the prosthodontic benefit level.
8. Porcelain, porcelain substrate, and cast restorations are not payable for Children under age 12.
9. An occlusal guard is a benefit once in a lifetime.
10. An interim partial denture is a benefit only for the replacement of permanent anterior teeth during the healing period or for Children up to age 17 for missing permanent anterior teeth.
11. Prosthodontic (Class III) benefit limitations:
  - a. One complete upper and one complete lower denture are benefits once in any seven-year period for any person.
  - b. A removable partial denture or fixed bridge for any person can be covered once in any seven-year period unless the loss of additional teeth requires the construction of a new appliance.
  - c. Fixed bridges and removable cast partial dentures are not payable for people under age 16.
  - d. A relining or the complete replacement of denture base material is limited to once in any three-year period per appliance.
12. Orthodontic (Class IV) benefit limitations:
  - a. If the treatment plan is terminated before completion of the case for any reason, Delta Dental's obligation will cease with payment to the date of termination.
  - b. The Dentist may terminate treatment, with written notification to Delta Dental and to the patient, for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment of benefits ends on the last day of the month in which the patient was last treated.
  - c. An observation and adjustment is a benefit twice in a 12-month period.
13. Delta Dental's obligation for payment of benefits ends on the last day of the month in which coverage is terminated. However, Delta Dental will make payment for Covered Services provided on or before the last day of the month in which coverage is terminated.
14. When services in progress are interrupted and completed later by another Dentist, Delta Dental will review the claim to determine the amount of payment, if any, to each Dentist.
15. Care terminated due to the death of an eligible person will be paid to the limit of Delta Dental's liability for the services completed or in progress.
16. Optional treatment: If you select a more expensive service than is customarily provided or for which Delta Dental does not determine a valid dental need is shown, Delta Dental can make an allowance based on the fee for the customarily provided service.

For example, if a tooth can be satisfactorily restored with an amalgam (silver) restoration and you choose to have the tooth restored with a more

costly material or an inlay, the Plan will pay only the amount that it would have paid to restore the tooth with amalgam. You are responsible for the difference in cost.

Listed below are some other examples of common optional services. Remember, you are responsible for the difference in cost for any optional treatment.

- a. Porcelain fused to metal and porcelain crowns on posterior teeth – the Plan will pay only the applicable amount that it would have paid for a full metal crown.
- b. Overdentures – the Plan will pay only the applicable amount that it would have paid for a conventional denture.
- c. Composite resin restorations on posterior teeth – the Plan will pay only the applicable amount that it would have paid for an amalgam restoration.
- d. Porcelain/ceramic onlay – the Plan will pay only the applicable amount that it would have paid for a metallic onlay.
- e. Porcelain/ceramic inlay – the Plan will pay only the applicable amount that it would have paid for an amalgam or composite resin restoration (depending on the tooth being restored).
- f. Cu-sil, flexiplast, or similar partial dentures – the Plan will pay only the applicable amount that it would have paid for a conventional partial denture.
- g. Soft relines – the Plan will pay only the applicable amount that it would have paid for a conventional relined.
- h. All-porcelain/ceramic bridges – the Plan will pay only the applicable amount that it would have paid for a conventional fixed bridge.

17. Maximum Payment:

- a. The maximum benefit payable in any one benefit year will be limited to the amount specified in the Summary of Dental Plan Benefits.
- b. Delta Dental's payment for orthodontic (Class IV) benefits will be limited to the

lifetime maximum per person specified in the Summary of Dental Plan Benefits.

18. Delta Dental will not be obligated to pay for, in whole or in part, any services to which the Deductible applies until the Plan Deductible amount is met.

19. Processing Policies may limit treatment.

**Delta Dental will make no payment for the following services. Participating Dentists cannot charge eligible people for these services. All charges from Nonparticipating Dentists for the following services will be the responsibility of the Subscriber:**

20. Amalgam and composite resin restorations are payable to the same Dentist or dental office once within a 24-month period, regardless of the number or combination of restorations placed on a surface.
21. Core buildups and other substructures are benefits only when needed to retain a crown on a tooth with excessive breakdown due to caries and/or fractures.
22. Recementation of a crown, onlay, inlay, space maintainer, or bridge by the same Dentist or dental office within six months of the seating date.
23. Retention pins are benefits once in a 24-month period. Only one substructure per tooth is a benefit.
24. Benefits for root planing by the same Dentist or dental office are payable once in any two-year period. Periodontal surgery, including subgingival curettage, by the same Dentist or dental office is payable once in any three-year period.
25. A complete occlusal adjustment is a benefit once in a five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not a benefit more than three times in a five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
26. Tissue conditioning is not a benefit more than twice per arch in 36 months.

27. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.

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## VIII. Coordination of Benefits

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Coordination of Benefits (COB) applies to this Plan when you or your Eligible Dependents are covered under more than one Plan.

In that case, Indiana COB rules determine whether this Plan's benefits are determined before or after another plan's benefits. When this Plan is a Primary Plan, its benefits are determined before the other plan's benefits and without considering those benefits. When this Plan is a Secondary Plan, its benefits are determined after those of the other plan and may be reduced because of those benefits.

When you are covered by more than two plans, this Plan may be a Primary Plan as to one or more of those plans and may be a Secondary Plan as to the other plans.

### Which Plan is Primary?

Delta Dental determines which plan is the Primary Plan by using the first of the following rules that applies:

1. The benefits of the plan that covers you as an employee or a Subscriber (that is, as other than a dependent) are determined before those of the plan that covers you as a dependent. This rule does not apply if you are also a Medicare beneficiary and, as a result of the rule established by Title XVIII. of the Social Security Act and implementing regulations, Medicare is:
    - a. Secondary to the plan covering you as a dependent; and
    - b. Primary to the plan covering you as other than a dependent (for example, as a retired employee).
  2. Delta Dental uses the birthday rule when more than one plan covers a dependent child of parents who are not divorced or separated. Under this rule:
    - a. The benefits of the plan of the parent whose birthday falls earlier in the year are determined before the benefits of the plan of the parent whose birthday falls later in that year, but
    - b. If both parents have the same birthday, the benefits of the plan that covered the parents longer are determined before the benefits of the plan that covered them for a shorter period of time.
- If the other plan does not use the birthday rule, but instead uses a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the other plan's rule determines the order of benefits.
3. When more than one plan covers a dependent child of divorced or separated parents, the child's benefits are determined in this order:
    - a. First, the plan of the parent with custody of the Child;
    - b. Then, the plan of the spouse of the parent with custody of the Child;
    - c. Then, the plan of the parent without custody of the Child; and
    - d. Then, the plan of the spouse of the parent without custody of the Child. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
- However, if the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses, and the entity obligated to pay or provide the benefits of that parent's plan has actual knowledge of those terms, that plan's benefits are determined first. The other parent's plan is the Secondary Plan. This paragraph does not apply with respect to any benefit year during which any benefits are actually paid or provided before the entity has that actual knowledge.
- If the specific terms of the court decree state that the parents will share custody without stating that one of the parents is responsible for the child's health care expenses, the plans covering the Child are subject to the birthday rule.
4. The benefits of a plan that covers you as an employee who is neither laid off nor retired (or as your dependent) are determined before those of a plan that covers you as a laid-off or retired employee (or as your dependent). If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
  5. If your coverage is provided under a right of continuation pursuant to federal law (COBRA) or



state law and you are also covered under another plan, the benefits of the plan covering you as an employee or a Subscriber (or as your dependent) will be determined before the benefits under the continuation coverage. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.

6. If none of the above rules determines the order of benefits, the benefits of the plan that covered you longer are determined before those of the Plan that covered you for the shorter term.

## **How Delta Dental Pays as Primary Plan**

When Delta Dental is the Primary Plan, it will pay for Covered Services as if you had no other coverage.

## **How Delta Dental Pays as Secondary Plan**

When Delta Dental is the Secondary Plan, it will pay for Covered Services based on the amount left after the Primary Plan has paid. It will not pay more than that amount, and it will not pay more than it would have paid as the Primary Plan. Delta Dental may, however, pay less than it would have paid as the Primary Plan.

When Delta Dental's payments are reduced as described above, each payment is reduced in proportion. The payments are then charged against any applicable benefit limit.

## **Right to Receive and Release Needed Information**

Delta Dental needs certain facts to apply these COB rules, and it has the right to decide which facts it needs. It may get needed facts from, or give them to, any other organization or person. Delta Dental need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Plan must give Delta Dental any facts it needs to pay the claim.

## **Facility of Payment**

A payment made under another plan may include an amount that should have been paid under this Plan. If it does, Delta Dental may pay that amount to the organization that made the payment.

That amount will then be treated as though it were a benefit paid under this Plan, and Delta Dental will not have to pay that amount again. The term "payment

made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

## **Right of Recovery**

If Delta Dental pays more than it should have paid under this COB provision, it may recover the excess from one or more of:

- A. The people it has paid or for whom it has paid;
- B. Insurance companies; or
- C. Other organizations.

Payment includes the reasonable cash value of any benefits provided in the form of services.

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## IX. Claims Appeal Procedure

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Delta Dental will notify you or your authorized representative if you receive an adverse benefit determination after your claim is filed. An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought. This includes any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational or was not medically necessary or appropriate. If Delta Dental informs you that the Plan will pay the benefit you sought but will not pay the total amount of medical expenses incurred, and you must make a Copayment to satisfy the balance, you may also treat that as an adverse benefit determination.

If you receive notice of an adverse benefit determination, and if you think that Delta Dental incorrectly denied all or part of your claim, you can take the following steps:

First, you or your Dentist should contact Delta Dental's Customer and Claims Services department at their toll-free number, (800) 524-0149, and ask them to check the claim to make sure it was processed correctly. You may also mail your inquiry to the Customer and Claims Services department at P.O. Box 30416, Lansing, Michigan, 48909-7916. When writing, please enclose a copy of your Explanation of Benefits and describe the problem. Be sure to include your name, your telephone number, the date, and any information you would like considered about your claim. This inquiry is not required, and it should not be considered a formal request for review of a denied claim. Delta Dental provides this opportunity for you to describe problems and submit information that might indicate that your claim was improperly denied and allow Delta Dental to correct this error quickly.

## Claims Appeal Procedure

Whether or not you have asked Delta Dental informally, as described above, to recheck its initial determination, you can submit your claim to a formal review through the Claims Appeal Procedure described here. To request a formal review of your claim, send your request in writing to:

**Dental Director  
Delta Dental  
P.O. Box 30416  
Lansing, Michigan 48909-7916**

Please include your name and address, the Subscriber's Social Security number, the reason you believe your claim was wrongly denied, and any other information you believe supports your claim. You also have the right to review the Plan and any documents related to it. If you would like a record of your request and proof that it was received by Delta Dental, you should mail it certified mail, return receipt requested.

You or your authorized representative should seek a review as soon as possible, but you must file your appeal within 180 days of the date on which you receive your notice of the adverse benefit determination. If you are appealing an adverse determination of a Concurrent Care Claim, you will have to do so as soon as possible so that you may receive a decision on review before the course of treatment you are seeking to extend terminates.

The Dental Director or any other person(s) reviewing your claim will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Dental Director will grant no deference to the prior decision about your claim. Instead, he will assess the information, including any additional information that you have provided, as if he were deciding the claim for the first time.

The Dental Director will make his decision within 30 days of receiving your request. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of any adverse determination by the Dental Director will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent Plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d) reference any internal rule, guideline, or protocol that was relied on in making the decision on review and inform you that

a copy can be obtained upon request at no charge, (e) contain a statement that you are entitled to receive, upon request and at no cost, reasonable access to and copies of the documents, records, and other information relevant to the Dental Director's decision to deny your claim (in whole or in part), and (f) contain a statement that you may seek to have your claim paid by bringing a civil action in court if it is denied again on appeal.

If the Dental Director's adverse determination is based on an assessment of medical or dental judgment or necessity, the notice of his adverse determination will explain the scientific or clinical judgment on which the determination was based or include a statement that a copy of the basis for that judgment can be obtained upon request at no charge. If the Dental Director consulted medical or dental experts in the appropriate specialty, the notice will contain the name(s) of those expert(s).

If your claim is denied in whole or in part after you have completed this required Claims Appeal Procedure, or if Delta Dental fails to comply with any of the deadlines contained therein, you have the right to seek to have your claim paid by filing a civil action in court. However, you will not be able to do so unless you have completed the review described above. If you wish to file your claim in court, you must do so within one year of the date on which you receive notice of the final denial of your claim.

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## **X. Termination of Coverage**

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Your Delta Dental coverage may be automatically terminated:

- ♦ When your employer or organization advises Delta Dental to terminate your coverage.
- ♦ On the first day of the month for which your employer or organization has failed to pay Delta Dental.
- ♦ For any other reason stated in the Plan.

Delta Dental will not continue eligibility for any person covered under this program beyond the eligibility termination date requested by your employer or organization. However, if your employer or organization requests that a person's eligibility be terminated retroactively and a claim was incurred for any eligible member of that person's family after the

requested termination date, that person's eligibility will continue until the end of the month in which the claim was incurred.

A person whose eligibility is terminated may not transfer to an individual direct payment contract with Delta Dental and may not continue group coverage under this Contract, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) or comparable, non-preempted state law.

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## **XI. Continuation of Coverage**

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If your employer or organization is required to comply with provisions under COBRA and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and your coverage would otherwise end, you and/or your covered Eligible Dependents have the right under certain circumstances to continue coverage in the medical and dental plans sponsored by your employer or organization, at your expense, beyond the time coverage would normally end.

### **When is Plan Continuation Coverage Available?**

Continuation coverage is available if your coverage or a covered Eligible Dependent's coverage would otherwise end because:

1. Your employment ends for any reason other than your gross misconduct;
2. Your hours of work are reduced so that you are no longer a full-time employee;
3. You are divorced or legally separated;
4. You die;
5. Your Child is no longer eligible to be a covered Eligible Dependent (for example, because he or she turns 19);
6. You become enrolled in Medicare (if applicable); or
7. You are called to active duty in the armed forces of the United States.

If you believe you are entitled to continuation coverage, you should contact your employer or organization to receive the appropriate documentation

required under the Employer Retirement Income Security Act of 1974 (ERISA).

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## **XII. General Conditions**

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### **Change of Status**

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You must notify Delta Dental, through your employer or organization, of any event that changes the status of an Eligible Dependent. Events that can affect the status of an Eligible Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

### **Assignment**

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Services and/or benefit payments to eligible people are for the personal benefit of those people and cannot be transferred or assigned, other than to the extent necessary to allow direct payments to Participating Dentists.

### **Subrogation and Right of Reimbursement**

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This provision applies when Delta Dental pays benefits for personal injuries and you have a right to recover damages from another.

#### **Subrogation**

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If Delta Dental pays benefits under this Certificate and you have a right to recover damages from another, Delta Dental is subrogated to that right. You or your legal representative must do whatever is necessary to enable Delta Dental to exercise its rights and do nothing to prejudice them.

To the extent that the Plan provides or pays benefits for Covered Services, Delta Dental is subrogated to any right you or your Eligible Dependent may have to recover from another, his or her insurer, or under his or her “Medical Payments” coverage or any “Uninsured Motorist,” “Underinsured Motorist,” or other similar coverage provisions.

#### **Reimbursement**

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If you or your Eligible Dependent recover damages from any party or through any coverage named above,

you must reimburse Delta Dental from that recovery to the extent of payments made under the Plan.

### **Obligation to Assist in the Plan’s or Delta Dental’s Reimbursement Activities**

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If you are involved in an automobile accident or require Covered Services that may entitle you to recover from a third party, and the Plan or Delta Dental advances payment to prevent any financial hardship to you or your family, you and your Eligible Dependents have an obligation to help the Plan and/or Delta Dental obtain reimbursement for the amount of the payments advanced for which another source was also responsible for making payment. As part of this obligation, you and your covered Eligible Dependents are required to provide the Plan and/or Delta Dental with any information concerning any other applicable insurance coverage that may be available (including, but not limited to, automobile, home, and other liability insurance coverage, and coverage under another group health plan), and the identity of any other person or entity, and his or her insurers (if known), that may be obligated to provide payments or benefits on account of the same Covered Services for which the Plan made payments.

Eligible people are required to (a) cooperate fully in the Plan’s and/or Delta Dental’s exercise of their right to subrogation and reimbursement, (b) not do anything to prejudice those rights (such as settling a claim against another party without notifying the Plan or Delta Dental, or not including the Plan or Delta Dental as a co-payee of any settlement amount), (c) sign any document deemed by Delta Dental or the Plan Administrator to be relevant in protecting the Plan’s and Delta Dental’s subrogation and reimbursement rights, and (d) provide relevant information when requested.

The term “information” here includes any documents, insurance policies, and police or other investigative reports, as well as any other facts that may reasonably be requested to help the Plan and/or Delta Dental enforce their rights. Failure by an eligible person to cooperate with the Plan or Delta Dental in the exercise of these rights may result, at the discretion of Delta Dental or the Plan Administrator, in a reduction of future benefit payments available to that person under the Plan of an amount up to the aggregate amount paid by the Plan or Delta Dental that was subject to the Plan’s or Delta Dental’s equitable lien, but for which the Plan or Delta Dental was not reimbursed.

## Obtaining and Releasing Information

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While you are covered by Delta Dental, you agree to provide Delta Dental with any information it needs to process your claims and administer your benefits. This includes allowing Delta Dental to have access to your dental records.

## Dentist-Patient Relationship

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Eligible people are free to choose any Dentist. However, coverage is limited if that Dentist does not participate in DeltaPreferred Option. Each Dentist maintains the Dentist-patient relationship with the patient and is solely responsible to the patient for dental advice and treatment and any resulting liability.

## Loss of Eligibility During Treatment

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If an eligible person loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under the Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within a 60-day period measured from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. Any balance of the total fee not paid by Delta Dental is your responsibility.

## Late Claims Submission

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Delta Dental will make no payment for services if a claim for those services has not been received by December 31 of the year following the year in which the services were completed.

## Change of Certificate or Contract

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No agent has the authority to change any provisions in this Certificate or the provisions of the contract on which it is based. No changes to this Certificate or the underlying contract are valid unless Delta Dental approves them in writing.

## Actions

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No action on a legal claim arising out of or related to this Certificate will be brought until 30 days after notice of the legal claim has been given to Delta Dental. In addition, no action can be brought more than three years

after the legal claim first arose. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim.

## Governing Law

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The group contract and/or Certificate will be governed by and interpreted under the laws of the state of Indiana.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. Only anti-fraud calls can be accepted on this line.

ANTI-FRAUD TOLL-FREE HOTLINE:

**(800) 524-0147**



Delta Dental Plan of Indiana

### **Claims, Predeterminations**

**P.O. Box 9085  
Farmington Hills, MI 48333-9085**

### **Inquiries, Review**

**P.O. Box 30416  
Lansing, MI 48909-7916**

*An Equal Opportunity Employer*

Form No. **State of Indiana**

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